



75,124

**Section 1. Petitioner Information**

Provide petitioner information below. Three workers from the same job location completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column A. A union official completing this petition form should provide the name of the Union.

**Petitioner 1**

a) Name	██████████	_____	_____
b) Title	Human Resources Manager	_____	_____
c) Street Address	2700 East Frontage Road	_____	_____
City	Weatherford	_____	_____
State, Zip	OK, 73096	_____	_____
d) Phone - Main	██████████	_____	_____
e) Phone - Alternate	██████████	_____	_____
f) E-mail	██████████	_____	_____
g) Worker Separation Date	04/01/2011	_____	_____
h) Petitioner Type:	Company Official	_____	_____
i) Describe the worker group on whose behalf this petition is being filed:	Manufacturing employees		

**Section 2. Workers' Firm / Public Agency Information**

Provide information on the firm or public agency employing the worker group. Complete items (a)-(g) regarding the employing firm or public agency. If the workers are doing work at a location that is different than the worker's employer (e.g., the petitioning workers are employed by a staffing agency but work at a manufacturing firm), also complete items (h) - (m) regarding the firm or public agency at which the workers perform their jobs.

NOTE: Workers completing this Petition Form must provide information for the locations where they work. All other petitioner types may apply on behalf of more than one location. State offices and One-Stop Operators/Partners may file for workers at multiple locations of a firm within their State. If you choose to file on behalf of workers at more than one location, please attach additional sheets as necessary.

**Employment and Training Administration**  
**Petition for Trade Adjustment Assistance (TAA)**

**Employer (Firm or Public Agency)**

a) Name of Firm / Public Agency Imation Corporation  
 b) Street Address 2700 East Frontage Road  
 City Weatherford  
 State, Zip OK, 73096  
 c) Phone [REDACTED]  
 d) Website (if known) http://www.imation.com  
 e) Describe the article produced or service supplied by this firm or public agency magnetic media  
 f) How many workers have been or may be separated (if known)? 107  
 g) Is the firm or any part of the firm closing (if known)? If yes, when? Yes 04/01/2011

If the workers work at a location that is different from that listed in item a) and b), then fill out items h) through m) for that location:

h) Name of Firm / Public Agency \_\_\_\_\_  
 i) Street Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State, Zip \_\_\_\_\_  
 j) Phone \_\_\_\_\_  
 k) Describe the article produced or service supplied by this firm or public agency \_\_\_\_\_  
 l) How many workers have been or may be separated (if known)? \_\_\_\_\_  
 m) Is the firm or any part of the firm closing (if known)? If yes, when? \_\_\_\_\_

**Section 3. Trade Effects on Separations**

1. To the best of your knowledge, provide reasons why you believe that separations that have occurred or may be threatened at the workers' firm or public agency are due to foreign trade. (Example: Production has been / is being shifted to a foreign country, services are being outsourced to a foreign country, increased imports of articles or services, loss of business with a TAA-certified firm.)

all magnetic tape manufacturing being moved to Japan.

2. If you possess any additional information or documents that you believe may assist in the determination of whether the worker group is eligible for TAA benefits, submit it as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents.

- I have attached additional information or supporting documents.
  - Lucas Letter.doc

3. Provide contact information for two company officials. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job locations.

	<b>Official 1</b>	<b>Official 2</b>
a) Name	<u>[REDACTED]</u>	<u>[REDACTED]</u>
b) Title	<u>Human Resources Manager</u>	<u>Mgr Benefits&amp;U.S. Payroll Ops</u>
c) Phone - Work	<u>[REDACTED]</u>	<u>[REDACTED]</u>
d) Phone - Alternate	<u>[REDACTED]</u>	<u>[REDACTED]</u>
e) Fax	<u>[REDACTED]</u>	<u>[REDACTED]</u>
f) E-mail	<u>[REDACTED]</u>	<u>[REDACTED]</u>

**Petition for Trade Adjustment Assistance (TAA)****Section 4. Affirmation of Information**

The information you provide on this petition form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the petition has been filed and whether the worker group is eligible. Knowingly falsifying any information on this Petition Form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). For this petition to be valid, each of the petitioners listed in Question 1 must sign below, and the Petition Form must be dated. By signing below, you agree to the following statements:

**"I declare that to the best of my knowledge and belief the information I have provided is true, correct and complete."**

a) Signature [REDACTED]

b) Name (Print) [REDACTED]

c) Date of Petition January 19, 2011

The Petition Form will be made available for public inspection and copying under the Freedom of Information Act, as amended (5 USC § 552), Executive Order 12600, and 29 CFR Part 70, upon written request to the U.S. Department of Labor.

The Petition Form date will be recorded as the date that the petition is transmitted electronically via website to OTAA.